



Understanding Our Campers - Youth Overnight

Thank you for taking the time to complete this form. The information provided below allows us to plan appropriate activities and ensure a positive camp experience for all. Please be specific in your answers and use another piece of paper if necessary. Once this form is complete, please send it to the office via fax - 978 225 2745, email office@grotonwood.org or upload directly to our website www.grotonwood.campintouch.com. If you have any questions please contact the office at 978 448 5763.

Camper's Name:

Guardian's Name:

Guardian's Address:

Emergency Contact Phone:

If you have travel plans during camp please provide travel location, a phone number and/or alternative contact information:

Camping Experience

Has your camper ever stayed away from home before? Yes No

Has your camper ever attended overnight at Grotonwood before? Yes No

If yes, what was their favorite part?

What was their least favorite part?

Are any problems with homesickness anticipated? Yes No

If yes, what would be the best way of handling it?

What are some of the things that your camper is worried or least excited about camp this summer?

Is your camper attending camp with any friends? Yes No

If yes, what are their names?



Restricted Activities

Are there activities from which your camper should be exempt or limited to for health reasons? Please select all that apply:

- | | | | |
|---------------------------------------|------------------------------------|---------------------------------------|---|
| <input type="radio"/> No restrictions | <input type="radio"/> Archery | <input type="radio"/> Rock-Wall | <input type="radio"/> Laser tag |
| <input type="radio"/> Swimming | <input type="radio"/> Slip & slide | <input type="radio"/> Mountain biking | <input type="radio"/> Superman swing |
| <input type="radio"/> Tubing | <input type="radio"/> Segways | <input type="radio"/> Low ropes | <input type="radio"/> Kayaking |
| <input type="radio"/> Blobbing | <input type="radio"/> Campfires | <input type="radio"/> Team games | <input type="radio"/> Other restriction |

If you selected 'Other' please detail

Swimming Ability

A swim test will be conducted for every camper aged under 18 to determine their swimming ability at or before their first swimming session. If a camper does not pass the swim test the first time, they may, with the authorization of the Aquatic Director, re-take the test sometime during the week, which may allow them to change their status. Anyone who does not desire to take a swim test will be classified as a "Non-Swimmer". Whilst at the swimming area all campers must wear a colored band to identify their swimming status as follows:

- Swimmer - Blue wrist bands (Can swim in all posted swim areas without the use of a personal flotation device (PFD) however, if requested, a PFD will be supplied)
- At Risk Swimmer - Yellow wrist band (can swim in all posted swim areas, but must wear a PFD at all times)
- Non Swimmer - Red wrist band (must wear at PFD at all times in the water and cannot go into water deeper than chest level. The waterfront is marked by a buoy line at 2ft depth)

The camp stocks PFDs in all sizes for the purpose of swim time and all boating activities, however, In accordance with Christian's Law, we will not refuse, or otherwise prohibit a caregiver from providing a PFD for the minor's use, for the duration of their attendance. If providing camp with a PFD, it will be stored whilst not in use in the Lifeguard Hut and given to the camper during the "buddy" allocation at the start of the swim session. The designated PFD must be clearly and permanently marked with the child's first and last name and a parent's or legal guardian's emergency contact information (name and telephone number) so that it can be returned at the end of camp. A lifeguard will ensure that the PFD provided is properly sized and fitted for the child, in accordance with guidelines issued by the Department of Health. If, at any time, the PFD provided is determined to not be properly fitting, or is damaged or otherwise not in serviceable condition, the camp shall provide a replacement for the duration of the duration of the camper's attendance and notify the parent or legal guardian.

Do you authorize your camper to get swim tested? Yes No



Behaviors & Fears

Please check the behaviors that apply to your camper:

- | | | |
|---|---|---|
| <input type="radio"/> Stubbornness | <input type="radio"/> Withdrawn/shy | <input type="radio"/> Doesn't engage in activities |
| <input type="radio"/> Temper tantrums | <input type="radio"/> Wanders / runs away | <input type="radio"/> Physically aggressive towards others |
| <input type="radio"/> Self-Injurious | <input type="radio"/> Attaches to males | <input type="radio"/> Physically aggressive towards objects |
| <input type="radio"/> Verbally aggressive | <input type="radio"/> Attaches to females | <input type="radio"/> No unusual behavior |

Please describe what strategies you use to de-escalate disruptive or challenging behaviors:

Does your camper have any strong fears, such as animals, thunderstorms, heights, water, dark etc? Yes No

If yes, please explain what and the method for dealing with fears:

Have there been recent adjustments or family situations we should be aware of? (i.e. marriage, divorce, death, new sibling, etc)

Please add any additional information/concerns/apprehensions we should know about your camper, include information about homesickness, special needs, ADD/ADHD, Autism, emotional strains, or other topics that will help us understand your child better. Please use additional paper as needed:

Daily routines

What time does your camper normally wake up?

What time does your camper normally go to bed?

Does your camper require a nightlight?

Yes No

Does your camper require waking to use the bathroom to prevent bed wetting?

Yes No

Does your camper follow any particular routines? If so, please describe (Bathroom use, personal care, bedtime, etc...)



Nutritional Profile

Please select all dietary restrictions and/or preferences that apply to your camper

- No restrictions No red meat No eggs Keto Lactose intolerance Sugar free Caffeine free
- No pork No poultry Vegan Kosher Gluten free Dairy free Vegetarian

Please list any other dietary restrictions not mentioned above that apply to your camper:

Are there any foods that your camper refuses to eat? Yes No

If yes, what do you offer as a meal substitute at home?

Will you be pre-packing meals for the week?

Additional Information

Please list any other information you feel would be helpful to ensure the best camping experience or include a behavioral support plan, etc

To be read and signed by camper

While at camp I agree to abide by the camp's policies, standards, and expectations, which include:

- Being an active part of the camp community, participating to the best of my ability
- Accepting other campers and staff for who they are
- Treating other campers and staff respectfully and in a friendly manner
- Seeking help from my counselors when I need it
- I agree not to possess or use drugs, alcohol, tobacco, weapons, or fireworks during camp
- I understand that I am not allowed a cell phone, tablet, or other electronic device whilst at camp
- I also agree that I will not engage in violent behavior, commit pranks, steal, damage camp property or use inappropriate language

Camper's First & Last Name

D.O.B

Camper's Signature

Name of Parent/Guardian

Parent/Guardian's Signature

Date

Thank you for completing this form.